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Original Article

Development of a self-management behaviour scale for liver cirrhosis



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ABSTRACT

Objective: To develop a self-management behaviour tool for liver cirrhosis patients in China.

Methods: A provisional scale comprising 30 items was developed based on the results of literature review, semi-structured interviews, expert consultation and pilot study. Patients with hepatic cirrhosis ($n = 180$) from four grade A tertiary hospitals in Tianjin and Handan Infectious Disease Hospital were assessed using the provisional self-management scale comprising 30 items in four dimensions. The reliability and validity of the scale were tested and a final version of the self-management scale for liver cirrhosis comprising 24 items was concluded.

Results: The overall Cronbach's α for the scale was 0.80, ranging from 0.60 to 0.69 in each dimension. The test–retest correlation was 0.84, ranging from 0.54 to 0.72 in each dimension. Content validity for the scale was 0.93. Nine factors were extracted by a factor analysis method, which were limited to four factors according to a scree test. The cumulative variance contribution rate was 56.98%.

Conclusion: This scale has good reliability and validity and can be used to evaluate self-management behaviour of hepatic cirrhosis patients and provides a reference for behaviour intervention.

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1. Introduction

Liver cirrhosis patients endure an irreversible and progressive illness of prolonged duration that is accompanied by

many complications. Liver cirrhosis thus becomes both a physical and mental condition without a reliable treatment that substantially affects the patient's quality of life [1]. In many European countries, evaluation of chronic disease self-management projects indicate that they not only

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Table 1 – The provisional self-management behaviour scale for liver cirrhosis.

Dimension	Items
Dietary	<ol style="list-style-type: none"> 1. You keep a high protein diet every day (1.0–1.5 g/kg body weight), such as lean meat, fish, chicken, soy and milk, but when you have hepatic encephalopathy signs, you will limit the intake of protein 2. You avoid overeating every day, such as eating a lot of animal protein or drinking a lot of soybean milk in a short time 3. You can control high-fat food intake, such as fat, animal brain, butter, ice cream, fried food, etc. 4. You eat fresh fruit and vegetables every day to supplement calcium, zinc, selenium and vitamins 5. You eat slowly, and do not eat coarse food such as chip husks, hard bones, shells, hard rice, fried celery, bamboo shoots, etc. 6. You can control the intake of strong stimulant foods, beverages and condiments, such as coffee, strong tea, thick gravy, onions, leeks, garlic, chili, pepper, mustard, overheating and too cold food, etc. 7. You can control the intake of sodium, <2 g/day, and do not eat pickles, preserved egg, ham, sausage, bacon, etc. 8. When you fatigue, urinate more or experience abdominal distension, you will increase potassium intake under guidance of physician, or restrict potassium intake when you urinate less 9. You eat smaller, more frequent meals, 4–6 times/day and diet regularly 10. You do not drink alcohol
Daily life	<ol style="list-style-type: none"> 11. You keep underwear and bedding clean and sanitized, changing them often 12. You keep your skin clean and avoid scratches, and use warm water to scrub or pat, or besmear antipruritics such as itching tincture when your skin itches 13. You keep your mouth clean and sanitized, rinse your mouth after meals, avoid puncture, use soft hair to brush your teeth, without a toothpick at the table, etc. 14. You can increase or decrease clothes according to seasonal weather changes, making sure to keep warm during cold seasons and at night 15. You put your feet in hot water 30 min before you go to sleep every day, and when necessary, you also utilize a foot massage and acupuncture points 16. You fall asleep regularly every day, sleep eight hours and take a nap for one hour 17. You combine work and play, do not overwork or stress, or perform entertainment activities (watch TV, play mahjong) for too long 18. You keep a moderate aerobic activity for 30 min every day, such as indoor walking, setting-up exercise, jogging, etc. 19. You try to change your impatient, out of temper and self-destructive personality 20. You are able to actively communicate with family members, relatives and friends 21. You have determination and confidence to fight chronic diseases and keep the spirit of optimism
Medication	<ol style="list-style-type: none"> 22. You rarely use acetanilide, sleeping or sedative drugs 23. You follow the doctor's advice to take medicine on time and the correct amount, according to the course of medication, and do not stop drug use without authorization, especially antiviral drugs 24. You do not mess with drugs, do not listen to roving doctors, false advertising, superstition, religious offering of medicine or use drugs blindly 25. You do not use medicines that easily cause liver damage
Illness monitoring	<ol style="list-style-type: none"> 26. When you have symptoms such as upset stomach, haematemesis, black stool or skin, mucous membrane bleeding, ecchymosis, or lower limb oedema, you will ask for medical treatment in a timely manner 27. You avoid elevating intra-abdominal pressure, such as by rough coughing, forcible defecation, vomiting, sneezing, hiccupping or lifting heavy objects 28. When you experience abdominal tenderness, bounce painful or mild periumbilical ache, you will seek medical treatment in a timely manner 29. You weigh yourself regularly (every day) and measure abdominal girth 30. You go for regular evaluation of electrolyte, blood glucose, alanine aminotransferase and albumin levels, prothrombin time and B ultrasound

improve the participants' health, but also significantly reduce the number and duration of hospital stays, as well as medical costs [2]. However, chronic disease self-management scale research in China has been focused on diabetes, hypertension and coronary heart disease [3–5]. Therefore, the aim of this study was to develop a self-management behaviour assessment scale for patients with liver cirrhosis in order to effectively, scientifically and objectively evaluate their level of self management, and provide a basis for clinical nursing.

2. Subjects and methods

2.1. Research subjects

2.1.1. Selection criteria

Inclusion: i) patients admitted to hepatology units and in accordance with the Viral Hepatitis Prevention and Treatment plan in 2000 diagnosed with liver cirrhosis; ii) patients ≥ 18 years of age; iii) patient can express his/her wish accurately,

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